

Maternal Mortality in Nevada



Nevada uses **3 measures of maternal mortality** commonly examined in the U.S.

Pregnancy-Associated Death (PAD)

The death of a person while pregnant or within one year of the end of pregnancy, regardless of the cause.

79

of NV PADs from 2020-2021

Pregnancy-Related Death (PRD)

The death of a person while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by the pregnancy.

26

of NV PRDs from 2016-2018

Maternal Death (MD)

The death of a person while pregnant or within 42 days of the end of pregnancy from any cause related to or aggravated by the pregnancy.

21

of NV MDs from 2016-2018

Most PADs in Nevada occur during the postpartum period.



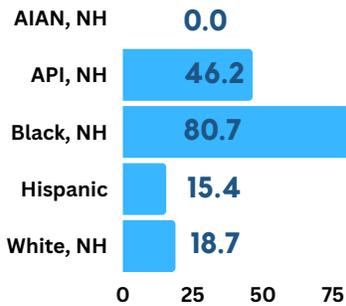
Source: Nevada Department of Health and Human Services, 2020-2021

How is Nevada doing? (Deaths per 100,000 live births)



The Uneven Burden of Maternal Mortality

PRD ratios per 100,000 live births by race/ethnicity, Nevada 2017-2018



Black, NH people **> 4x** higher PRD than White, NH and Hispanic people

Abbreviations: AIAN=American Indian/Alaska Native; API=Asian Pacific Islander; NH=non-Hispanic

Clark County **3.7x** higher PRD than Washoe County

35.5 vs **9.5**

People 35-39 years had a PRD ratio **5.4x** higher than ages 20-24 (71.9 vs. 13.4)

The Leading Causes of PRD

Nevada, 2017-2018

Hypertensive disorders of pregnancy

Infection

Thrombotic Embolism

Cardio-myopathy

Nevada is Working to Reduce Maternal Mortality



8 out of 10 PRDs are preventable in the U.S.

- In 2020, NV established a **Maternal Mortality Review Committee**
- In 2021, NV began the Alliance for Innovation on Maternal Health (**AIM**) **Severe Hypertension Bundle**
- In 2022, NV made recommendations to **enhance state services**, including:



Clinical



Law Enforcement



Medicaid



Mental Health

Scan the QR Code to access the full report or visit:

https://dphh.nv.gov/Programs/MMRC/Nevada_Maternal_Mortality_Review_Committee/



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH





Key Recommendations

From Nevada's 2022 Maternal Mortality and Severe Maternal Morbidity Report

1 Expand access to health coverage



Establish a maternal and perinatal regionalization program that includes emergency maternal transport standardized protocols. Also, remove barriers to accessing mental health and medication assisted substance use treatment.

2 Provide access to quality health care



Ensure widespread use of doulas, transportation to appointments, community health workers, home visitation programs, and peer counseling. Provide comprehensive patient-centered reproductive health care.

3 Address social determinants of health



Provide or reimburse for a medical or behavioral health advocate, using the patient's social determinants of health (SDOH) data collected from universal screenings for SDOH and medical needs.

4 Expand protections for pregnant individuals



Review law enforcement protocols to ensure perinatal survivors of domestic violence have protections in place to prevent homicides.

5 Expand and protect community partnerships



Develop materials to educate the public about the importance of preconception counseling for people living with chronic diseases.

